# Enroll As Individual Provider - Sole Proprietor Quick Reference

## Business Rules

o All Applications must be completed and submitted for **State Review** within **30 calendar days** of the original start date or they will be deleted.

o Within the application, the required fields are marked with an asterisk **(*)**.

o When using the **Filter By** feature, the percent sign **(%)** acts as a wildcard. It can be used in conjunction with search criteria or by itself.

o Enter the **Start** and **End Dates** using the **mm/dd/yyyy** format.

o Contact the **CHAMPS Hotline** at **1-888-643-2408** or **CHAMPS@michigan.gov** for expert assistance.

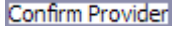**Steps to Modify** an existing **Enrollment Application** prior to it being submitted to the **State:**

1. Access **CHAMPS** using **Single Sign-On (SSO)**
2. Follow **CHAMPS** login screen prompts
3. Click the **Provider** tab
4. Click **Provider Enrollment** hyperlink
5. Click **Track Application** hyperlink
6. Enter **Application ID** (14-digit number)
7. Click the **Submit** button

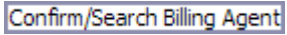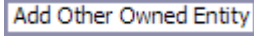| Action | Enroll As Individual Provider - Login | Notes |
|---|---|---|
| **Login to CHAMPS** | 1. Access **CHAMPS** using **SSO**<br>2. Follow **CHAMPS** login screen prompts | • Must apply for access to **CHAMPS** System. |
| **Action** | **Enroll As Individual Provider – Select Provider Type** | **Notes** |
| **Select Provider Type** | 1. Click the **Provider** tab<br>2. Click the **Provider Enrollment** hyperlink<br>3. Click the **New Enrollment** hyperlink<br>4. Select the ⊙ **Individual/Sole Proprietor** radio button<br>5. Click the **Submit** [Submit] button<br>6. Complete the required and desired optional fields<br>7. Click the **Confirm** [Confirm] button<br>8. Click the **Finish** [Finish] button<br>9. Make note of your **Application ID**<br>10. Click the **OK** [OK] button and the **Individual/Sole Proprietor Enrollment Business Process Wizard** displays with the **Status** of **Add Basic Information Step 1** as **Complete** | • The **Provider Menu** page displays.<br>• The **Provider Enrollment Menu** page displays.<br>• The **Select Enrollment Type** page displays.<br><br>• Clicking the **Submit** button causes the **Add Basic Information** page to display.<br><br>After clicking the **Finish** button, the **Issue Application ID** page displays with the **Application ID** number. Your **Application ID** is required to track the status of your application.<br><br>• The **Application Number** is a 14-digit number that has the following components:<br>  • The **System Date**, represented as yyyymmdd<br>  • A **6-digit** system-generated number<br>  • An example of an application number is: **20071007163755**<br>• To modify **Basic Information**, click the **Step 1: Provider Basic Information** hyperlink from the Business Process Wizard. |

| Action | Enroll As Individual Provider – Step 2: Add Locations (Required) | Notes |
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| **Step 2: Add Locations** | 1. Click the **Add Locations Details** hyperlink from the Business Process Wizard<br>2. Click the **Add** `Add` button<br>3. Select address type from the **Location Type** drop-down<br>4. Enter **Street Address** and **Zip Code** information<br>5. Click the **Validate Address** `Validate Address` button<br>6. Complete the required and desired optional fields<br>7. Click the **OK** `OK` button.  Repeat steps 2 - 7 for each additional **Location Type**<br>8. Click each **Location Type** hyperlink to add **Address Types**<br>9. Click the **Add Address** `Add Address` button<br>10. Enter **Street Address** and **Zip Code** information<br>11. Click the **Validate Address** `Validate Address` button<br>12. Complete required fields and any desired optional fields<br>13. Click the **OK** `OK` button.  Repeat steps 9 – 13 for each additional **Address Type**<br>14. Click the **Close** `Close` button<br>15. Click the **Close** `Close` button.  The screen returns to the **Business Process Wizard** enrollment page | • The **Provider Locations List for Enrollment** page displays.<br>• Available **Location Types** are **Primary Practice Location** and **Other Office/ Servicing Location**.<br>• **P.O. Box** cannot be used as a **Primary Practice Location**.<br>• The **Validate Address** button validates specified address information, pre-populates **City/Town, State/Province, County**, and **Country**.  A message displays **Address Validated** and the address is standardized.<br>• Each Provider Location is displayed as a hyperlink on the **Locations List** page.<br><br>• For **Individual/Sole Proprietor Provider**, a **Primary, Correspondence,** and **Pay-To Address Type** are **required**.  A **Remittance Advice** address is required if a paper copy of the **Remittance Advice** is desired.<br>• If **Correspondence** or **Pay-To** address is the same as **Primary** address, click the **Copy Primary Practice Location** `Copy Primary Practice Location` radio button and the fields will automatically populate with the **Primary** address information.<br>• If address is the same as an existing address click the **Copy This Location Address** `Copy This Location Address` radio button and the fields will automatically populate with the appropriate address information.<br><br>• To modify **Location Details**, click the **Step 2: Locations** hyperlink from the Business Process Wizard. |
| Action | Enroll As Individual Provider – Step 3: Add Specialties (Required) | Notes |
| **Step 3: Add Specialties** | 1. Click the **Add Specialties** hyperlink from the Business Process Wizard<br>2. Click the **Add** `Add` button<br>3. Complete required fields and any desired optional fields<br>4. Click the **OK** `OK` button.  Repeat steps 2 – 4 for each additional **Specialty**<br>5. Click the **Close** `Close` button | • The **Specialty List for Enrollment** page displays.<br><br>• Once a **Specialty** is selected, the page refreshes with the available **Subspecialties** for the chosen **Specialty**.<br><br>• To modify **Specialties**, click the **Step 3: Specialties** hyperlink from the Business Process Wizard. |

| Action | Enroll As Individual Provider – Step 4: Associate Billing Provider (Optional) | Notes |
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| Step 4: Associate Billing Provider | 1. Click the **Associate Billing Provider** hyperlink from the Business Process Wizard<br>2. Click the **Add** `Add` button<br>3. In the **NPI** field, enter the Provider's NPI number<br>4. Click on the **Confirm Provider** `Confirm Provider` button. The page will refresh with the **Provider Name** populated<br>5. Complete required and any desired optional fields<br>6. Click the **OK** `OK` button. Repeat steps 2 – 6 for each additional **Billing Provider**<br>7. Click the **Close** `Close` button | • The **Billing Provider List for Enrollment** page displays.<br><br><br>• To modify a **Billing Provider**, click the **Step 4: Associate Billing Provider** hyperlink from the Business Process Wizard. |
| Action | Enroll As Individual Provider – Step 5: Add Licenses and Certifications (Required) | Notes |
| Step 5: Add Licenses and Certifications | 1. Click the **Add Licenses/Certification Details** hyperlink<br>2. Click the **Add** `Add` button<br>3. Complete the required and desired optional fields<br>4. Click the **Confirm/Certification** `Confirm License/Certification` button<br>5. Click the **OK** `OK` button. Repeat steps 2 – 5 for each additional **License/Certification**<br>6. Click the **Close** `Close` button | • The **Provider License/Certification List for Enrollment** page displays.<br><br>• The **Valid Flag** is set to **Yes** or **No** when the license is validated against the file.<br><br>• To modify **Licenses/Certification**, click the **Step 5: Licenses/Certification Details** hyperlink from the Business Process Wizard. |
| Action | Enroll As Individual Provider – Step 6: Add Mode of Claim Submission (Required) | Notes |
| Step 6: Add Mode of Claim Submission | 1. Click the **Add Mode of Claim Submission** hyperlink from the Business Process Wizard<br>2. Select desired **Mode(s) of Claim Submission**<br>3. Click the **OK** `OK` button | • The **Submission Method for Enrollment** page displays.<br>• At least one **Mode of Claim Submission** must be selected.<br>• Attempting to submit a claim using a **Mode of Claim Submission** that has **NOT** been selected will result in the claim being rejected.<br>• If **Billing Agent** mode is selected, the **Billing Agent** step changes from optional to **Required**.<br>• To modify **Mode of Claim Submission**, click the **Step 6: Mode of Claim Submission** hyperlink from the Business Process Wizard. |

| Action | Enroll As Individual Provider – Step 7: Associate Billing Agent (Optional) | Notes |
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| **Step 7: Associate Billing Agent** | 1. Click the **Associate Billing Agent** hyperlink from the Business Process Wizard<br>2. Click the **Add** `Add` button<br>3. Enter the **Billing Agent ID** in the **Billing Agent ID** field<br>4. Click on the **Confirm/Search Billing Agent** `Confirm/Search Billing Agent` button<br>5. Complete required fields and any desired optional fields<br>6. Click the **OK** `OK` button. Repeat steps 2 - 6 for each additional **Billing Agent**<br>7. Click the **Close** `Close` button | • The **Billing Agent List for Enrollment** page displays.<br>• The **Billing Agent** must currently be in the **CHAMPS** system.<br>• If the **Billing Agent ID** is unknown, click the **Confirm/Search Billing Agent** button to view a list of approved **Billing Agents**. Select the checkbox of desired **Billing Agent** and click the **Select** button.<br>• The page will refresh and populate the **Billing Agent Name** and **Date** fields.<br><br>• To modify a **Billing Agent**, click the **Step 7:** Associate **Billing Agent** hyperlink from the Business Process Wizard. |
| Action | Enroll As Individual Provider – Step 8: Add Ownership Details (Optional) | Notes |
| **Step 8: Add Ownership Details** | 1. Click the **Add Ownership Information** hyperlink from the Business Process Wizard<br>2. Click the **Add Other Owned Entity** `Add Other Owned Entity` button<br>3. Enter **Address Line 1** and **Zip Code** fields<br>4. Click the **Validate Address** `Validate Address` button<br>5. Complete required and any desired optional fields<br>6. Click the **OK** `OK` button. Repeat steps 2 – 6 for each additional **Other Owned Entity**<br>7. Click the **Close** `Close` | • The **Provider Ownership List for Enrollment** page displays.<br>• **Ownership** information is only required if the Provider owns more than 5 percent interest in other entity reimbursable by Medicaid/Medicare.<br><br>• The **Validate Address** button validates specified address information, pre-populates **City/Town, State/Province, County** and **Country**. A message displays **Address Validated** and the address is standardized.<br><br>• To modify **Ownership**, click the **Step 8: Ownership Details** hyperlink from the Business Process Wizard. |

| Action | Enroll As Individual Provider – Step 9: Add Taxonomy Details (Required) | Notes |
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| Step 9: Add Taxonomy Details | 1. Click the **Add Taxonomy Details** hyperlink from the Business Process Wizard<br>2. Click the **Add** `Add` button<br>3. Enter the **Taxonomy Code**<br>4. Click the **Confirm Taxonomy** `Confirm Taxonomy` button. The **Taxonomy Code** is validated and the page refreshed with the Description field populated<br>5. Complete required and any desired optional fields<br>6. Click the **OK** `OK` button. Repeat steps 2 – 6 for each additional **Taxonomy Code**<br>7. Click the **Close** `Close` button | • The **Provider Taxonomy List for Enrollment** page displays.<br>• At least one **Taxonomy Code** must be added.<br><br>• **Taxonomy Codes** are **Alpha numeric** and always in upper case.<br>• To view a list of available **Taxonomy Codes**, click the on the `(Click here for Taxonomy List)` hyperlink**.**<br><br>• To modify **Taxonomy Codes**, click the **Step 9: Taxonomy Details** hyperlink from the Business Process Wizard. |
| Action | Enroll As Individual Provider – Step 10: Complete Enrollment Checklist (Required) | Notes |
| Step 10: Complete Enrollment Checklist | 1. Click the **Complete Enrollment Checklist** hyperlink from the Business Process Wizard<br>2. Answer each question by selecting appropriate answer from the **Answer** drop-down list<br>3. Add comments in **Comments** section if required<br>4. Click the **Save** `Save` button<br>5. Click the **Close** `Close` button | • The **Complete Provider Checklist for Enrollment** page displays.<br>• The selected **Enrollment Type** determines which **Checklist** questions are displayed.<br><br>• Answers to the questions determine if a **Comment** is **Required.**<br><br>• To modify the **Enrollment Checklist**, click the **Step 10: Complete Enrollment Checklist** hyperlink from the Business Process Wizard. |
| Action | Enroll As Individual Provider – Step 11: Submit Enrollment Application for Approval (Required) | Notes |
| Step 11: Submit Enrollment Application for Approval | 1. Click the **Submit Enrollment Application for Approval** hyperlink from the Business Process Wizard<br>2. Click the **Next** `Next` button<br>3. Select the **Checkbox (...I certify and accept…)**<br>4. Click the **Submit Application** `Submit Application` button<br>5. Click the **OK** `OK` button. The screen returns to the **Business Process Wizard** screen. The **Status** of the application changes from **"In-Process"** to **"In-Review"**<br>6. Click the **Close** `Close` button | • The **Submit Enrollment Application for Approval** page displays.<br><br>• After the application is submitted for approval, Providers cannot change enrollment information until the application has been approved.<br><br>• To modify the **Submit Enrollment Application for Approval** that has not been submitted yet, click the **Step 11: Submit Enrollment Application for Approval** hyperlink from the Business Process Wizard. |